



CONGRESSWOMAN SUZANNE KOSMAS
Representing Florida's 24th Congressional District

Congressional Inquiry Form

The Privacy Act of 1974 (Public Law 93-579) places restrictions on federal agencies and prevents our office from making an inquiry on your behalf without your specific written permission.

If you have a TRICARE problem, you must complete an additional U.S. Department of Defense release form in order for this office to help you.

If you are inquiring on behalf of someone else, that person must sign the release authorization at the bottom of this page.

Form with fields: Date of Birth, Social Security Number, VA Claim Number, Military Branch and Rank/Rate, Military Service Number, Alien Number, Immigration Case Number, Petitioner Name, Beneficiary/Sponsor Name, Beneficiary/Sponsor SSN, Passport Locator Number, OWCP Number, Other.

Full Name: Mr./Mrs./Ms.

\_\_\_\_\_

Home address: \_\_\_\_\_

Mail address: \_\_\_\_\_

E-mail address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Please describe the problem you are having (Include full name of military unit and permanent duty location if appropriate):

Three horizontal lines for describing the problem.

What outcome would you like from the federal agency after we contact them on your behalf:

Two horizontal lines for desired outcome.

Release Authorization:

I authorize Congresswoman Kosmas to contact any applicable government agency on my behalf. I also authorize that agency to transmit any information or record available regarding this inquiry to Congresswoman Kosmas or any member of her staff.

(Signature of constituent needing assistance)

(Date - Month/Day/Year)

Return this form to:

District Office: 12424 Research Pkwy., Ste. 135, Orlando, Florida, 32826, Tel (407) 208-1106, Fax (407) 208-1108

Port Orange Office: 1000 City Center Circle, 2nd Floor, Port Orange, Florida, 32129, Tel (386) 756-9798, Fax (386) 756-9903